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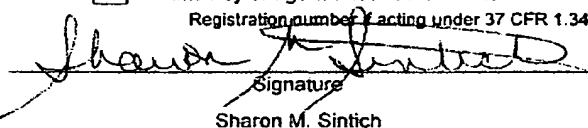
**OCT 05 2005**

PTO/SB/22 (12-04)

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|--|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>01017/40451B |             |
| Application Number      08/444,790-Conf. #5612   |            | Filed      May 19, 1995                  |             |
| For    HUMAN TNF RECEPTOR  |            |  |             |
| Art Unit      1646   |            | Examiner      J. Murphy                  |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |  |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |  |             |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                  |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                     | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                    | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                    | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                    | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                   | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached.  |            |  |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      13-2855      I have enclosed a duplicate copy of this sheet. |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.  |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |  |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number acting under 37 CFR 1.34      48,484   |            |  |             |
| <br>Signature   |            | October 5, 2005<br>Date                  |             |
| Sharon M. Sintich<br>Typed or printed name   |            | (312) 474-6300<br>Telephone Number       |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                  |            |  |             |
| <input type="checkbox"/> Total of      1      forms are submitted.   |            |  |             |

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: October 5, 2005

Signature:  (Sharon M. Sintich)

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